

Commonwealth of Virginia



Application For A Department of Health Food Establishment Permit

Application for a: ☐ New Establishment ☐ Renewal ☐ Name Change ☐ Change of Owner

Name of establishment: _____ Telephone: _____

Mailing address: _____ Fax: _____

Physical location: _____

Establishment owner is a/an: ☐ Association ☐ Corporation ☐ Individual ☐ Partnership ☐ Other

Association, Corporation, Partnership name: _____

Names, titles & addresses of persons comprising the legal ownership (Attach list if necessary): _____

Billing Address: _____

Local registered agent (if required):

Name _____

Title _____

Address _____

Telephone _____

Person directly responsible for the establishment:

Name _____

Title _____

Address _____

Telephone _____

Immediate supervisor of person directly responsible for the establishment:

Name _____

Title _____

Address _____

Telephone _____

Is the food establishment: (check appropriate box) ☐ Stationary or ☐ Mobile

Is the food establishment: (check appropriate box) ☐ Temporary or ☐ Permanent

Does the establishment: (check Yes or No)

- (1) Prepare, offer for sale, or serve potentially hazardous food: ☐ Yes ☐ No
- (a) Only to order upon a consumer's request ☐ Yes ☐ No
- (b) In advance quantities ☐ Yes ☐ No
- (c) Using time as the public health control ☐ Yes ☐ No
- (2) Prepare potentially hazardous food in advance using a food preparation method that involves two or more steps which may include combining potentially hazardous food ingredients, cooking, cooling, reheating, hot or cold holding, freezing, or thawing ☐ Yes ☐ No
- (3) Prepare food as specified under (2) for delivery to and consumption at a location off premises of the food establishment where it is prepared ☐ Yes ☐ No
- (4) Prepare food as specified under (2) of this section for service to a highly susceptible Population (i.e., the elderly, children, or those with weakened immune systems) ☐ Yes ☐ No
- (5) Does not prepare but offers for sale only prepackaged food that is not potentially hazardous ☐ Yes ☐ No
- (6) Prepares only food that is not potentially hazardous ☐ Yes ☐ No

Number of seats: _____

Water Supply: (check appropriate box) ☐ Public – Name _____ ☐ Private – Type _____

Sewage: (check appropriate box) ☐ Public – Name _____ ☐ Private – Type _____

I/we attest to the accuracy of the information provided, affirm to comply with the Food Regulations and allow the regulatory authority access to the establishment at any reasonable time to inspect, conduct tests or collect samples as required.

Signature: _____

Title: _____

Print Name: _____

Date: _____

For Official Use

Approved for Permit _____

Environmental Health Spec. _____

Date Signed: _____

Environmental Health Spec. _____

Date Issued: _____

Environmental Health Spec. _____